

Name
in
Full

John J. Barrett X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widow	Name of Wife or Husband	Charlotte Barrett X		
Father's Name	John Barrett			
Mother's Maiden Name	Unknown			
Name of person giving Information	Mrs St. Iglesias			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Bright's

120

How long

Several years

Immediate

Exhaustion

How long

Several days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

SR Samper
Chester Brown

Accident or Suicide

No

Chaskdodd
Quaker neck

Name
in
Full

Emiline Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Ealesville		Kent						
Date of death	1909	Month April	Day 17	Years 1	Month 8	Days	—	
Sex	Female	Color or Race	Black		Birth-place Kent-Come			
Occupation	Woman	Where Residing if not at place of death			At Place of Death			
Married, Single or Widowed	—	Name of Wife or Husband						
Father's Name	George T Bentley		Father's Birthplace			Kent-Come		
Mother's Maiden Name	Feller Graves		Mother's Birthplace			Kent-Come		
Name of person giving Information	George T Bentley		How related to deceased			Father		

CAUSES OF DEATH

Primary not known.

Immediate no Doctor attending

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J M Sattfield
S/R
Rock Hall Md

PHYSICIAN
OR CORONER



Yes

No

Accident or Suicide

179

How long

How long

473

Name
in
Full

Nelson Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Month	Day
Sax	Color or Race	Age	Birthplace		
Occupation	Where Residing If not at place of death			—	
Merried, Single or Widowed	Name of Wife or Husband			Father's Birthplace	
Father's Name	Geo W Brown			Md	
Mother's Maiden Name	Margaret rusty			Mother's Birthplace	
Name of person giving Information	Father			Md	
How related to deceased					

CAUSES OF DEATH

27

How long

Primary Acute Intoxication

2 mo.

Immediate Exhauation

How long
several days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

115 Jumper
6 Intoxication

Accident or Suicide

Yes

Charles Dodd

Am. McLeanetary
near Town of
Mackinac

Name
in
Full

Rena Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1909		Apr	10	3	1	3
Sax	female	Color or Race	Black		Birth-place	Md
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Md
Father's Name	Ellie Clayton				Mother's Birthplace	Md
Mother's Maiden Name	Emma Pines				How related to deceased	father
Name of person giving Information	E. Clayton					

CAUSES OF DEATH

Primary

Whooping Cough

8

How long

Immediata

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

L. P. Alvill M.D.
Still Pond
Md.

Accident or Suicide

Lobelia

Name
in
Full

Martha Cooper

CERTIFICATE OF DEATH

Dec
MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death	1904 Apr	Month	Day	Years	Months	Days
Sex	Female	Color or Race	crhnd		Birth-place	Maryland
Occupation	house	Where Residing if not at place of death		at home of daughter		
Married, Single or Widowed	widow	Name of Wife or Husband	Cooper		Father's Birthplace	Maryland
Father's Name	Wm George			Mother's Birthplace		Maryland
Mother's Maiden Name	Nancy Kilam			How related to deceased		mother
Name of person giving information	Per my daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Bronchitis Pneumonia

one week

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. E. Evans
Montgomery
Maryland

Accident or Suicide?

1
2

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Ernest Davis

CERTIFICATE OF DEATH

Died at

Town
Galena

County
Kent

MARYLAND

Date
of death

1909

Month
4

Day
8

Years
26

Age

Months

Days

Sex

male

Color or
Race

colored

Birth-
place

Mod.

Occupation

School Teacher

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Ernest Davis

Father's
Birthplace

Md.

Mother's
Maiden Name

Julia Foss les

Mother's
Birthplace

Md.

Name of person giving
Information

Gordon Davis

How related
to deceased

Brother

CAUSES OF DEATH

1

Primary

Typhoid Fever

How long

7 weeks

Immediate

Pneumonia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

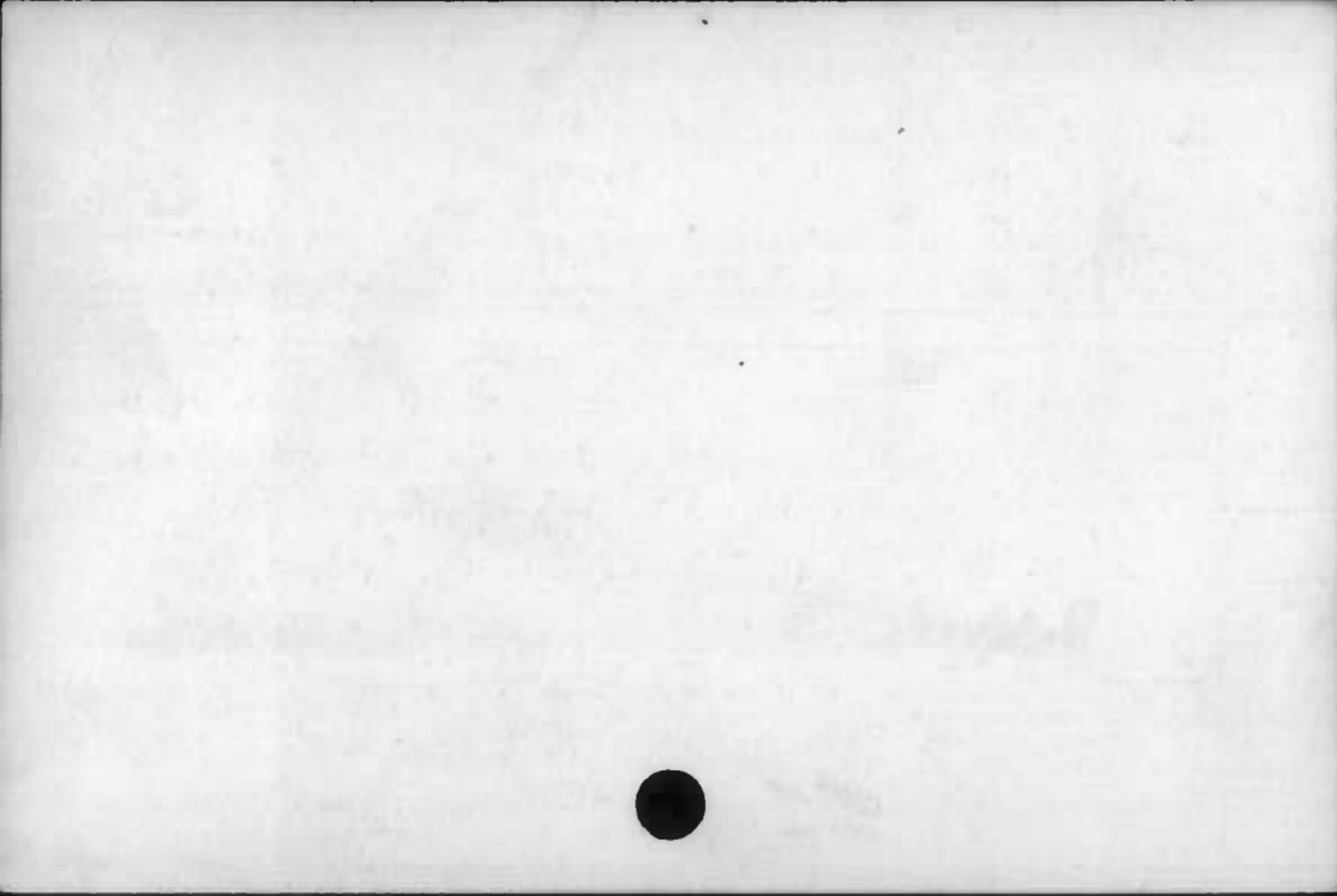
Signature of
Physician

Wm. Latimer

Address

Galena, Ind.

Accident or Suicide?



Name
in
Full

Thomas T. Esworthy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	St. Paul	Months	Days
Date of death	1909 April 18	Age	78+
Sex	male	Color or Race	white
Occupation	Shoe maker	Birth-place	Penna
Married, Single or Widowed	Widower	Where Residing if not at place of death	Betterton
Father's Name	Unknown	Father's Birthplace	Unknown
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
Name of person giving Information	Walter H. Esworthy	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis.

66

How long

two weeks.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

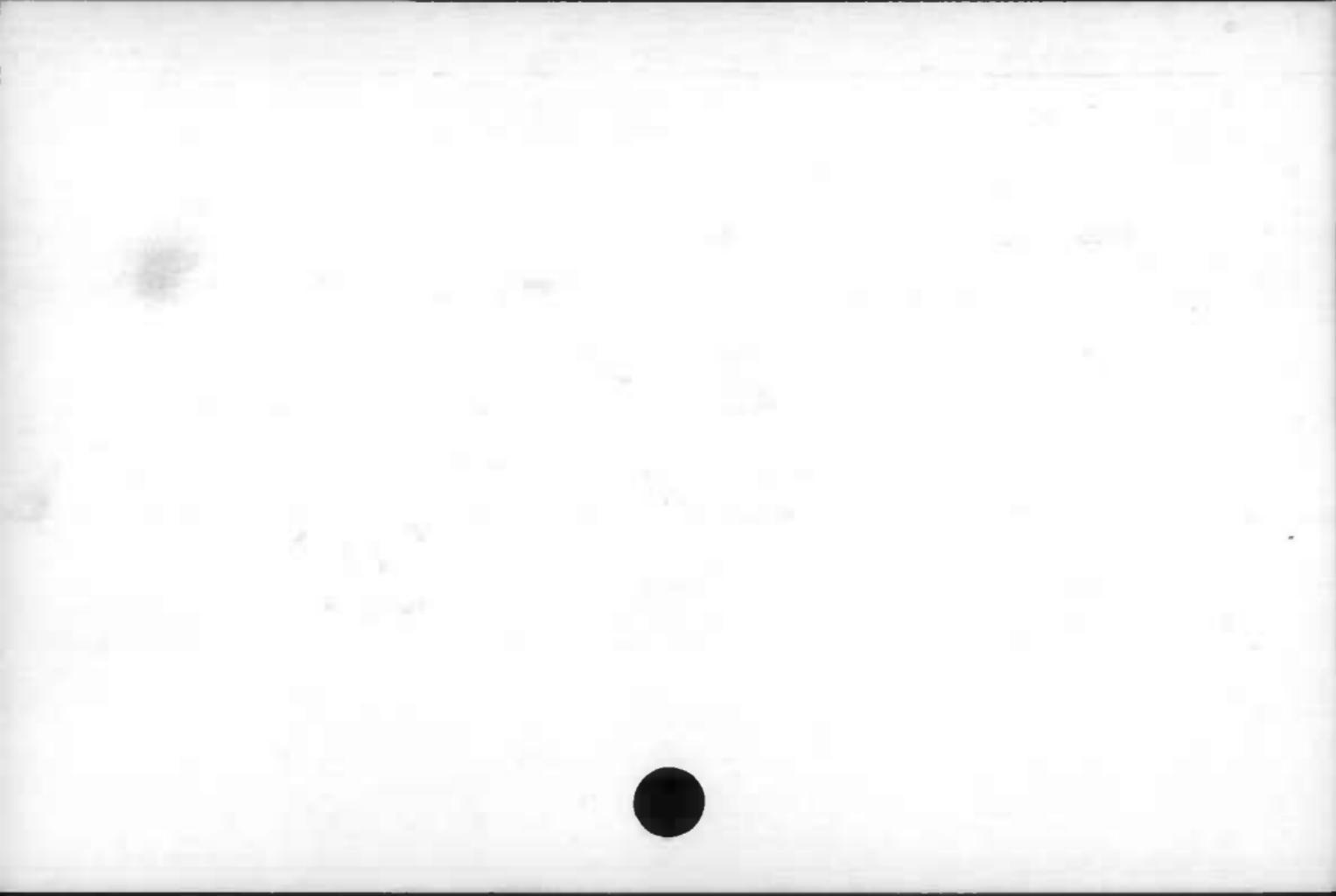
Signature of Physician

Address

W.S. Maxwell,

Still Pond, Md.

Accident or Suicide



Name
in
Full

Simon J. Freeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Age	Years	Month
1909		Apr.	27	67		
Sex		Color or Race	Black		Birth-place	
Occupation		Where Raising if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Simon J. Freeman		
Father's Name		—				Father's Birthplace
Mother's Maiden Name		Julia J. Freeman				Mother's Birthplace
Name of person giving Information		S. J. Freeman				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility, Mental degeneration, several years		
Immediate	Cardiac failure		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
Accident or Suicide		no	W. G. Sampson T. Burton Brown

Hicks
Chester - cemetery

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Robert George

X

CERTIFICATE OF DEATH

Died at <u>Rock Hall</u> / Town		County <u>Kent</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>6</u>	Age <u>47</u>	Months	Days <u>47</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Rock Hall</u>		Birth-place <u>Rock Hall</u>	
Occupation <u>Wife</u>	Name of Wife or Husband				
Married, Single or Widowed <u>Widowed</u>					
Father's Name <u>Robert George</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Reva Parks</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Robert George</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

151

Primary Premature Birth

How long

1/2 day

Immediate Exhaustion

How long

1/2 day

Are the name, age, sex, color, date and place correctly given above?

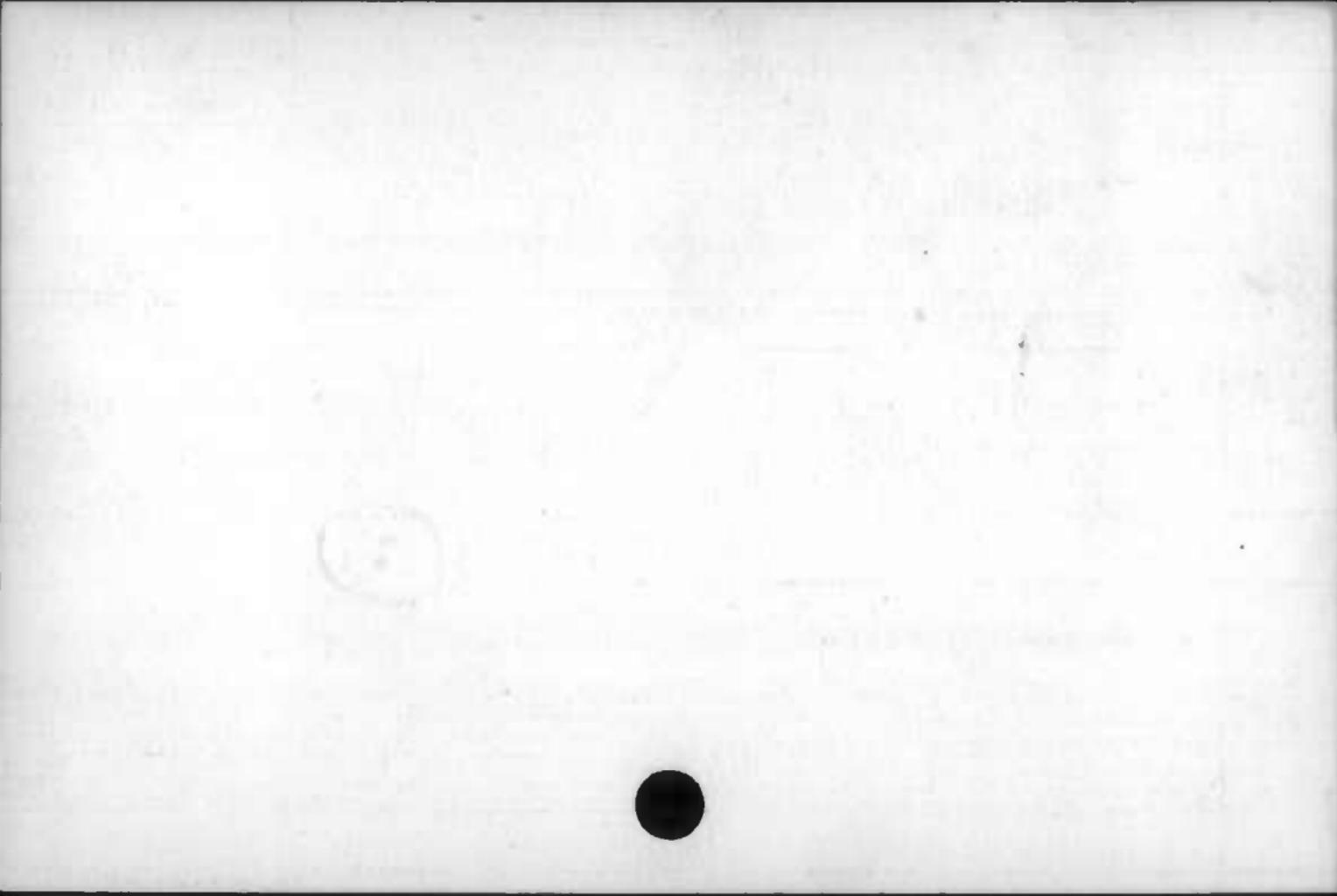
Signature of Physician

Address

H. H. S. S. Hospital

Rock Hall
Kent Co Md

Accident or Suicide? No



Name
in
Full

Alice Jane Gilbert

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Chesterwoman		County	Kent	
Died at	Month	Day	Age	Years	Months
Date of death	1909	Apr	10	4 8 yrs	Days
Sex	Female	Color or Race	60	Birthplace	Md
Occupation	Housewife				
Married, Single or Widowad	Married	Name of Wife or Husband	Robt. Gilbert		
Father's Name	Horace Stodges				
Mother's Maiden Name	Martha Kennedy				
Name of person giving Information	Catherine LC Stodges				

CAUSES OF DEATH

27

Primary	Tuberculosis	
Immediate	Coughing	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address
Accident or Suicide	No	

How long 8 months
How long several months

Surgeon
Chesterwoman
Md

PHYSICIAN
OR CORONER

Cheshwood

Alice Jane Gister

Cemetery in Zutphen

Name
in
Full

Webster E. Johnston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			X	
Died at	Shore			MARYLAND	
Date of death	Month	Day	Years	Month	Days
1909	Apr	13	2	8	26
Sex	Male	Color or Race	Black	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Md		
Father's Name	John E. Johnston			Father's Birthplace	Md
Mother's Maiden Name	Elvora Hance			Mother's Birthplace	Md
Name of person giving Information	John E. Johnston			How related to deceased	Father

CAUSES OF DEATH

71

How long

Primary

How long

Immediate

Convulsions

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

L. P. Atwell M.D.,
Still Pond
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Fountain

Name
in
Full

Carrie R Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	X	
Tibbetstown		Wicomico		
Date of death	Month	Day	Years	Months
1909	Apr	27	12	
Sex	Female	Color or Race	Color	
Occupation	School girl			
Married, Single or Widowed	Where Residing if not at place of death			
Name of Wife or Husband		—		
Father's Name	Marshall Jones			Father's Birthplace
Mother's Maiden Name	Carrie Griffin			Mother's Birthplace
Name of person giving Information	Mother			
How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis*

29

How long

6 months

Immediate *Exhaustion*

How long

several weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. G. Simpson
Tibbetstown
Md

Accident or Suicide

No

Chas. L. Dodd
James M. E. Cemetery

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John
Jacob H. Kane

CERTIFICATE OF DEATH

MARYLAND

Died at 705 Millington Ave

Town

County

Kent

Month

Day

Year

1909

16

56

Age

Month

—

Day

—

Sex Male

Color or
Race

White

Birth-
place

Delaware

Occupation Farmer

Where Residing if not
at place of death at home

Married, Single
or Widowed Widower

Name of Wife or
Husband

Emilia Kane

Father's
Name Major Kane

Father's
Birthplace

Delaware

Mother's
 Maiden Name Lester S. Jarvis

Mother's
Birthplace

Delaware

Name of person giving
Information Wm. Kane

How related
to deceased

Son

CAUSES OF DEATH

Primary

How long

One year

Multiple Sarcoma

Immediata

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Yes

—

—

B. J. Gowan MD

Millington
Md

Accident or Suicide



Name
in
Full

Emma J Legg

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Mar 18 1909		Town Lafayette	County Kent		MARYLAND		
Date of death 1909	Month April	Day 24	Age 1	Years 1	Months 2	Days 10	
Sex Female	Color or Race White			Birth- place Kent Co. Md.			
Occupation _____	Where Residing if not at place of death _____						
Married, Single or Widowed _____	Name of Wife or Husband _____						
Father's Name William Legg	Father's Birthplace Delaware						
Mother's Maiden Name Mary Ellen Griffith	Mother's Birthplace Pennia.						
Name of person giving Information William Legg	How related to deceased Father						

CAUSES OF DEATH

92

How long

20 days

Primary

Broncho-pneumonia

Immediate

Meningitis with convulsions

How long

7 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

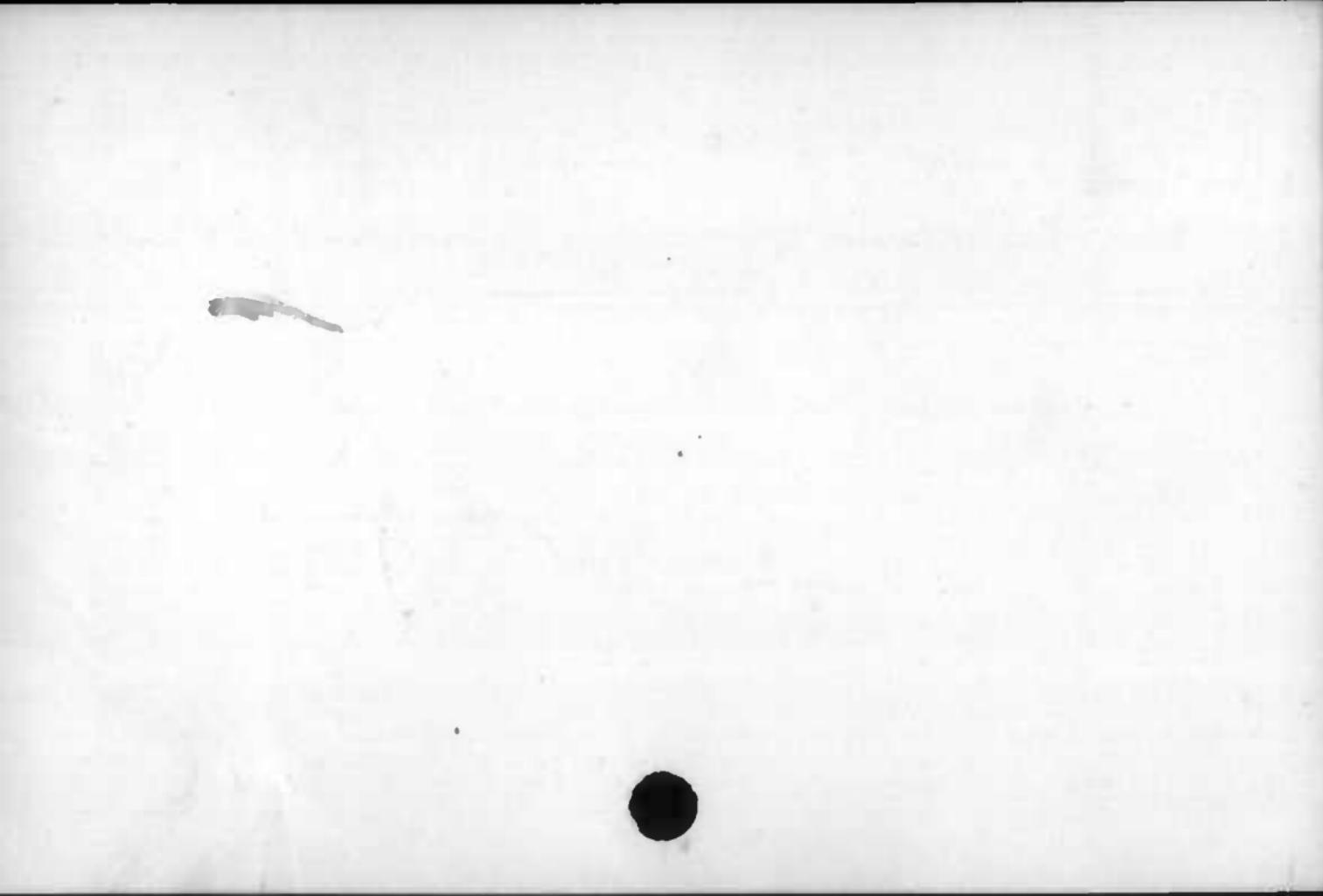
Signature of
Physician

Edward A. Scott

Address

Salisbury, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

✓

Samuel Loller

CERTIFICATE OF DEATH

MARYLAND

Died at Mikolka

County Kent.

Date of death 1909 Month April

Day 26

Years 72

Month

Days

Sex Male

Color or Race

White

Birth-place Md.

Occupation Farmer

Where Reiding if not
at place of death

Married, Single or Widowed

Name of Wife or Husband

Mary Kathryn Loller

Father's Name

David Loller

Father's Birthplace

Unknown

Mother's Maiden Name

Catherine Farnell

Mother's Birthplace

Unknown

Name of person giving Information

Arthur Loller

How related to deceased

Son.

CAUSES OF DEATH

Primary

Rheumatism

47

How long

3 weeks.

Immediate

Angina

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Joseph W. Smith
Tucker
Md

Accident or Suicide

Md

Hecke
Melitola

Name
in
Full

Roberta, M

Micon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Christertown		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	white	Birthplace	Virginia
Occupation	House wife				
Where Residing if not at place of death	Christertown Md				
Married, Single or Widowed	married	Name of Wife or Husband	J. Roy Micon		
Father's Name	Capt. J. Morrison				
Mother's Maiden Name	Katherine St. Harrison				
Name of person giving information	J. Roy Micon				

CAUSES OF DEATH

Primary

Atroio-Schrosis - Chronic Intestinal

64

How long

Several years

Immediate

Abscission

How long

About 18 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank B. Hines M.D.

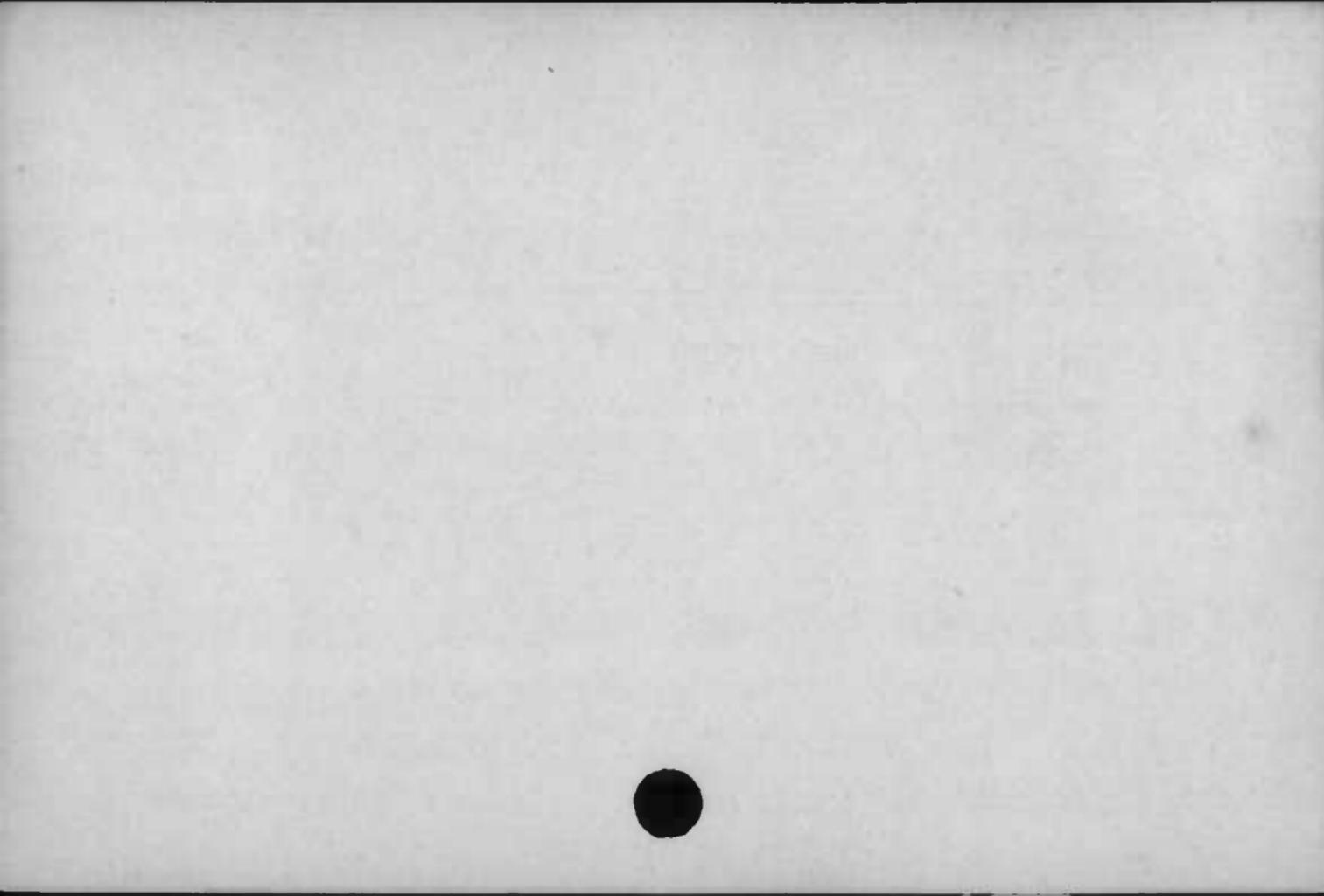
Christertown, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

1

no



Name
in
Full

John Munson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birthplace			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Ann Munson				
Father's Name	John Munson					Father's Birthplace
Mother's Maiden Name	Charlotte Brown					Mother's Birthplace
Name of person giving Information	George Munson					How related to deceased

CAUSES OF DEATH

81

How long

How long

Primary: Injuries of age several years
Immediate: Arterio sclerosis & Cardiac failure several months
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician: JTG
Address: 1755 31st Street
Accident or Suicide: No

Cheswood

Norton near

Westerham

Name
in
Full

Charles Richard Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Worton</u>		Town	County <u>Kent</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Apr</u>	Day <u>13</u>	Years	Month <u>3</u>	Days	<u>—</u>
Sax <u>Male</u>	Color or Race <u>white</u>	Age <u>—</u>	Birthplace <u>md</u>	<u>—</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					<u>—</u>
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>		<u>—</u>			
Father's Name <u>Adam Watkins</u>	<u>—</u>			Father's Birthplace <u>md</u>	<u>—</u>	
Mother's Maiden Name <u>Mabel Wheat</u>	<u>—</u>			Mother's Birthplace <u>md</u>	<u>—</u>	
Name of person giving Information <u>Adam Watkins</u>	<u>—</u>			How related to deceased <u>Father</u>	<u>—</u>	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Bronchitis

90

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. P. Atwell M.D.
Still Pond,
md.

Accident or Suicide

Winnipeg

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Samuel Y. Newcomb		X		MARYLAND	
Died at		near Worlton	County	Kent		Days	
Date of death	1909	Month	Day	Age	61	Months	26
Sex	Male	Color or Race	White	Birth- place	Kent Co Md		
Occupation	Farmer		Where Residing if not at place of death	near Worlton			
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah E. Newcomb		Father's Birthplace	Kent Co Md	
Father's Name	Thomas Newcomb				Mother's Birthplace	Kent Co Md	
Mother's Maiden Name	Elizabeth Newcomb				How related to deceased	Not related	
Name of person giving Information	Mrs Rebecca Fowler						

CAUSES OF DEATH

Primary

Tuberculosis.

27

How long

6 months.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

Mr. S. Maxwell.

Still Pond. Md.

Accident or Suicide



Name
in
Full

Elmo Vickers Jacob Newman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Chester Town		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	white	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Chester town, Md		
Father's Name	Thos. A. Newman				
Mother's Maiden Name	Balti. Md				
Name of person giving information	Niece				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Mitral Regurgitation

79

Immediate
Angina

Annual yrs.

Are the name, age, sex, color, date and place correctly given above?

How long
Two hours

yes

Signature of
Physician

Frank B. Hines

Address

Chestertown

Md.

Accident or Suicide?

160

Chas L. Dodd
St Pauls Cemetery

Name
In
Full

Fannie Nicholson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestertown</u>		County <u>Kent.</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>April</u>	Day <u>29</u>	Age <u>93</u>	Years	Months	Days
Sex <u>Female.</u>	Color or Race <u>Black.</u>	Birth-place <u>20a Co Md.</u>				
Occupation <u>None.</u>	Where Residing if not at place of death <u>✓.</u>					
Married, Single or Widowed <u>divorced</u>	Name of Wife or Husband <u>~</u>					
Father's Name <u>Unknown.</u>	Father's Birthplace <u>Unknown.</u>					
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown.</u>					
Name of person giving information <u>Harrison Faeth</u>	How related to deceased <u>none</u>					

CAUSES OF DEATH

177

How long

$1\frac{1}{2}$ years

How long

4 weeks

PHYSICIAN
OR CORONER

Primary

General Dropsey.

Immediate

Heart, failure

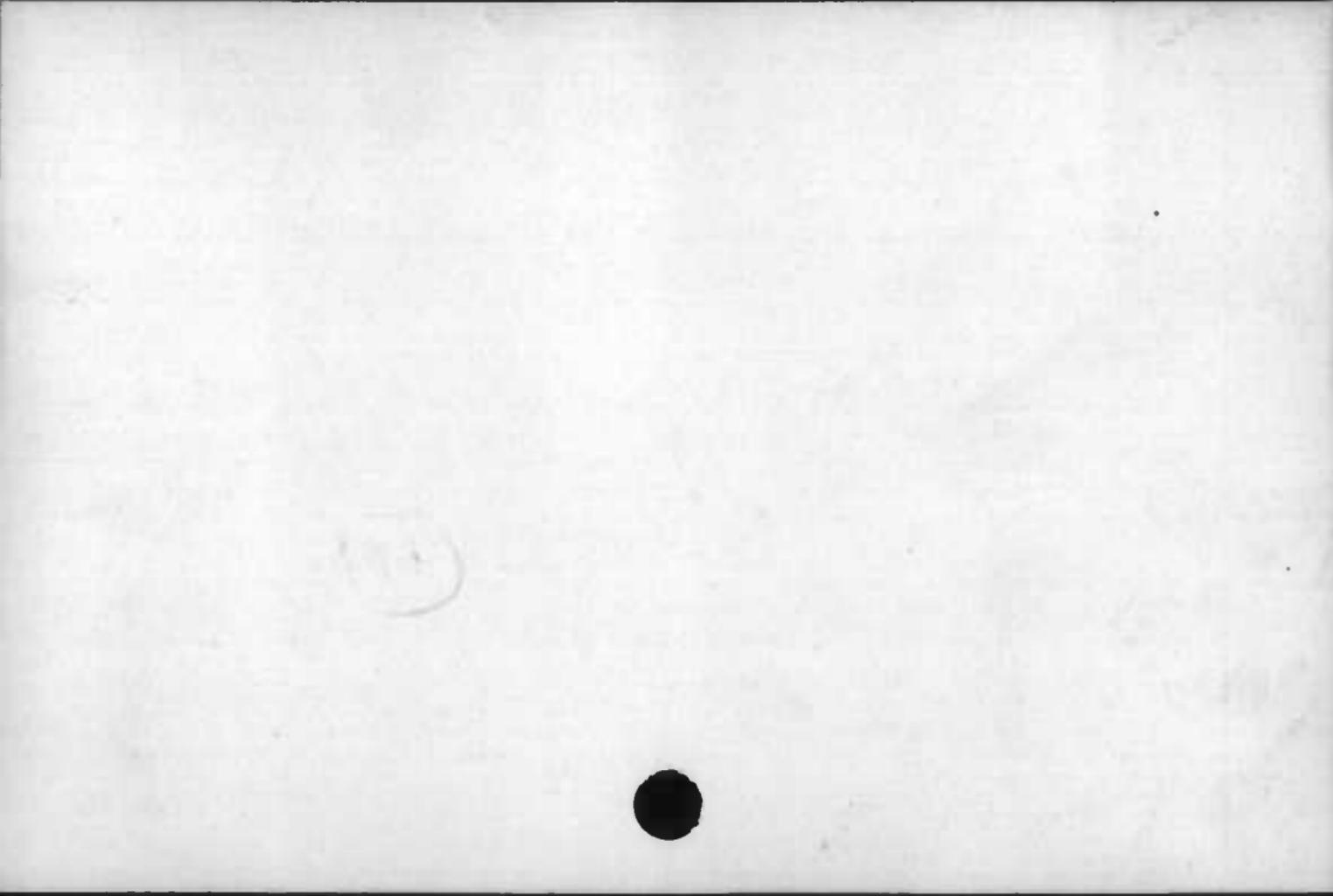
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

C.W. Whaland M.D.
Chestertown Md.



Name
in
Full

Thos. Poolman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Golt		County	Kent		MARYLAND
Date of death	Month	Day	Years	Months	Days		
1909	4	28	Age 10				
Sex	Male	Color or Race	Colored	Birth-place	Kent Co. Md.		
Occupation	Where Reiding if not et place of daath						
Merried, Single or Widewed	Name of Wife or Husband						
Father'a Name						Father's Birthplace	
Mother'a Maiden Name	Henrie Poolman					Mother's Birthplace	
Name of person giving Information	Henrie Poolman					How related deceased	

CAUSES OF DEATH

Primary

Asthmatic Fever

179

How long

4 months

Immediate

Are the name, age, sex, color, date
and place correctly given above ?

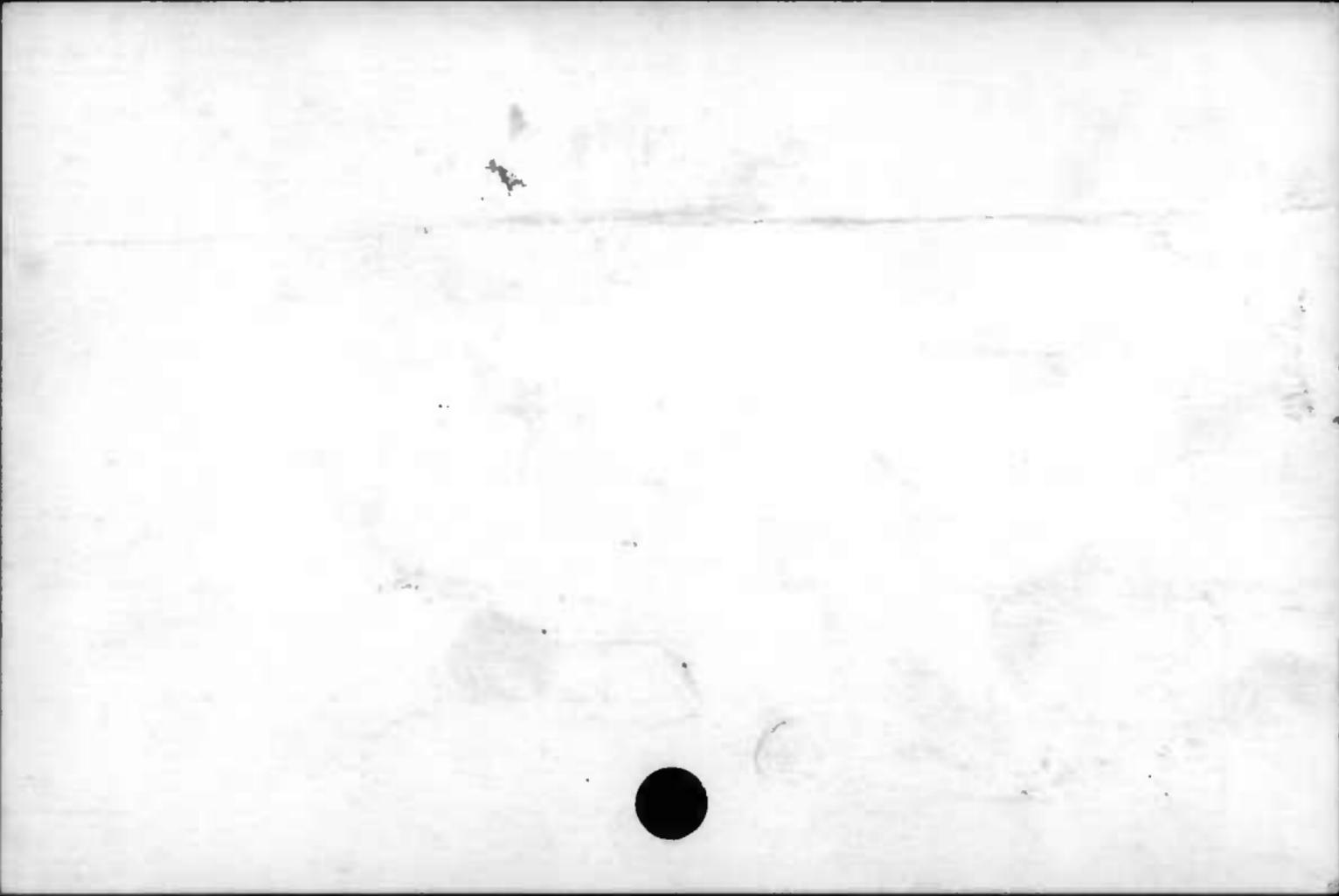
Yes.

Signature of
Physician

Address

P. M. Monry
Sassafras Md.

Accident or Suicide



Name
in
Full

Baby Rochester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Chester town MD	
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Father's Name	David Brown		Mother's Birthplace		
Mother's Maiden Name	Addie Rochester		Chester town		
Name of person giving Information	Ellen Rochester		Grandmother		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Still Born

8
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

7rs

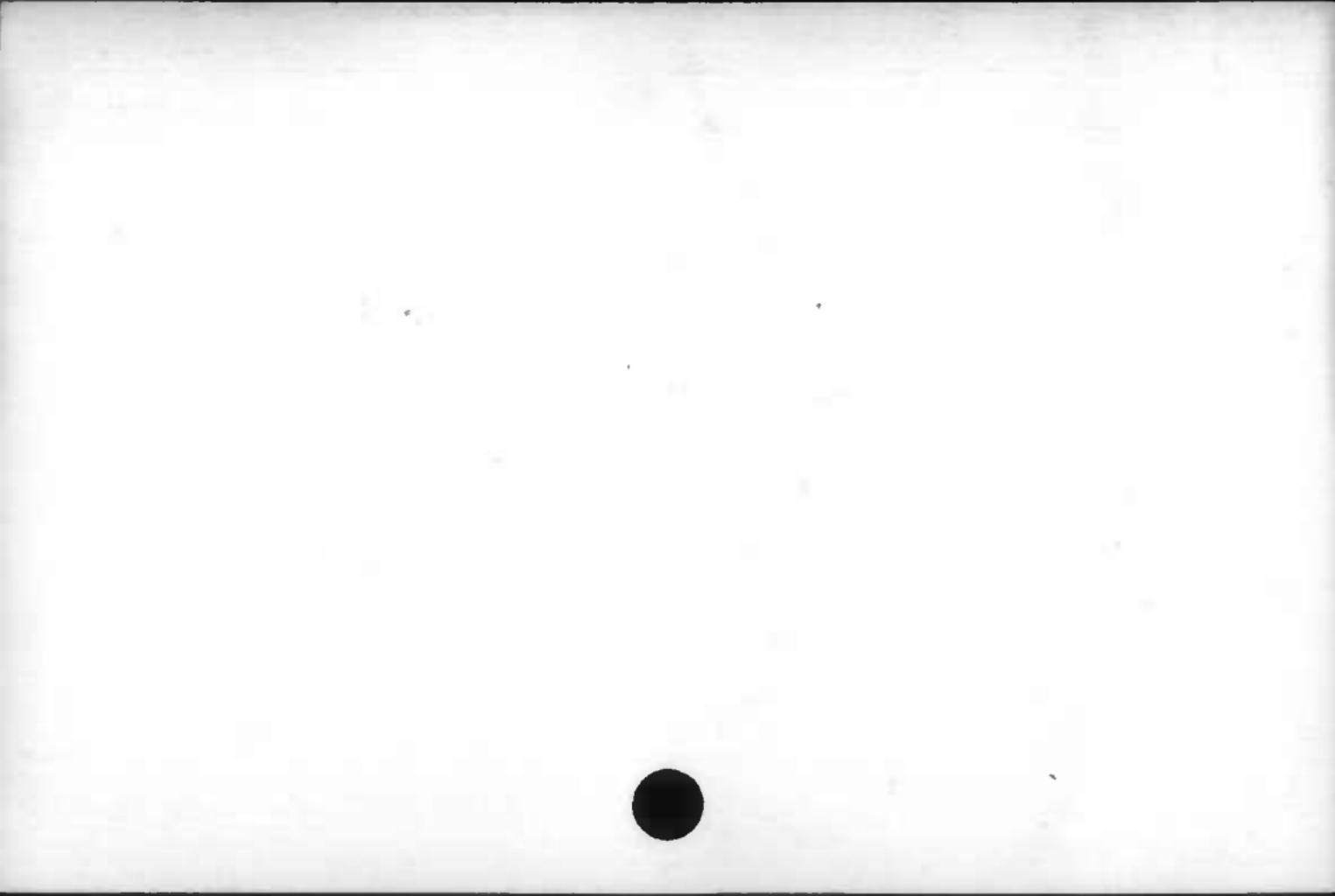
Signature of Physician

Address

Frank Barnes
Chester town MD

Accident or Suicide

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Loving, Starling
Chester town, Kent
Died at Town County
Date of death Month Day Year
1909 Apr 5 Age 3
Sex Male Color or Race
Occupation Infant Where Residing if not
at place of death
Married, Single or Widowed Name of Wife or Husband
Father's Name John Starling
Mother's Maiden Name Belle Starling
Name of person giving information Belle Starling

CERTIFICATE OF DEATH

MARYLAND

Months Days
3 13

Birth-place Chester town
Chester town

Father's Birthplace Chester town
Mother's Birthplace Chester town
How related to deceased Mother -

150

How long

all life
How long
very ill week

Primary

Weak heart

CAUSES OF DEATH

Immediate

Weak heart

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. Bengal Simmons
Chester town
Md

Accident or Suicide

no.

Chas L. Dodd.

~~Jam^{ME} Cawley~~ —
Chestertown

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sofia Stevens

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Bethelton

Hent

Date of death

Month

Day

Years

Month

Days

1909 April 25

Age

65

—

—

Sex

Color or
Race

Black

Birth-
place

Ind

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

widow

Name of Wife or
Husband

Father's
Name

Bethelton

Father's
Birthplace

Mother's
 Maiden Name

Bethelton

Mother's
Birthplace

Name of person giving
Information

Mary L. Tilman

How related
to deceased

Daughter

CAUSES OF DEATH

66

How long

Primary

General Debility

How long

Paralysis.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

L. P. Atwell M.D.
Still Pond
Md.

Accident or Suicide

Fountain Chy.

Name
in
Full

Frake Thomas

X CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month April	Day 5	Years 68	Months	Days
Sex	Male	Color or Race	Polesed		Birth-place	Maryland
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	May, Freeman.			
Father's Name	Wm. Thomas.			Father's Birthplace	Maryland	
Mother's Maiden Name	McCurum			Mother's Birthplace	McCurum	
Name of person giving information				How related to deceased		

CAUSES OF DEATH

10

How long

6 or 7 days

How long

4 days

PHYSICIAN
OR CORONER

Primary

Influenza -

Immediate

Subacute Pneumonia

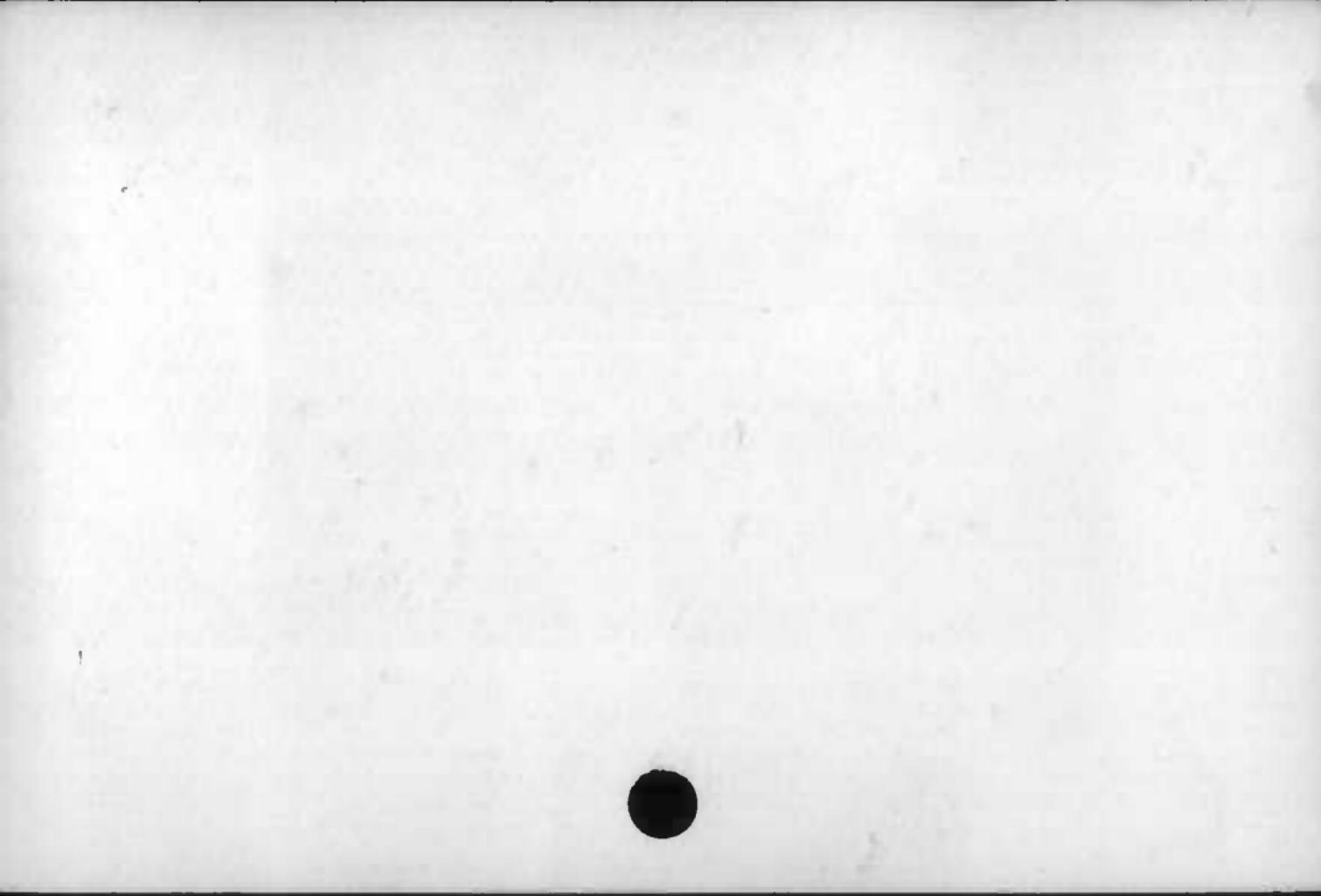
Are the name, age, sex, color, date and place correctly given above?

Geo. C. Townsend
Acting Coroner
Accident or Suicide?

Signature of Physician

Address

W. W. Jeter M.D.
Wilmington.
Del.



Name
in
Full

Sam'l Tillion

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Worton	Town	County	MARYLAND
Date of death	1909	Month	Day	Years Months Days
Sax	Male	Color or Race	Age	23
Occupation	Satover	Where Residing if not at place of death	Birth-place	MD
Married, Single or Widowed	Single	Name of Wife or Husband	—	
Father's Name	Riden Tillion	Father's Birthplace	Unknown	
Mother's Maiden Name	Jane Butter	Mother's Birthplace	MD	
Name of person giving information	John E Burgess	How related to deceased	Horse	

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

7 or 8 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

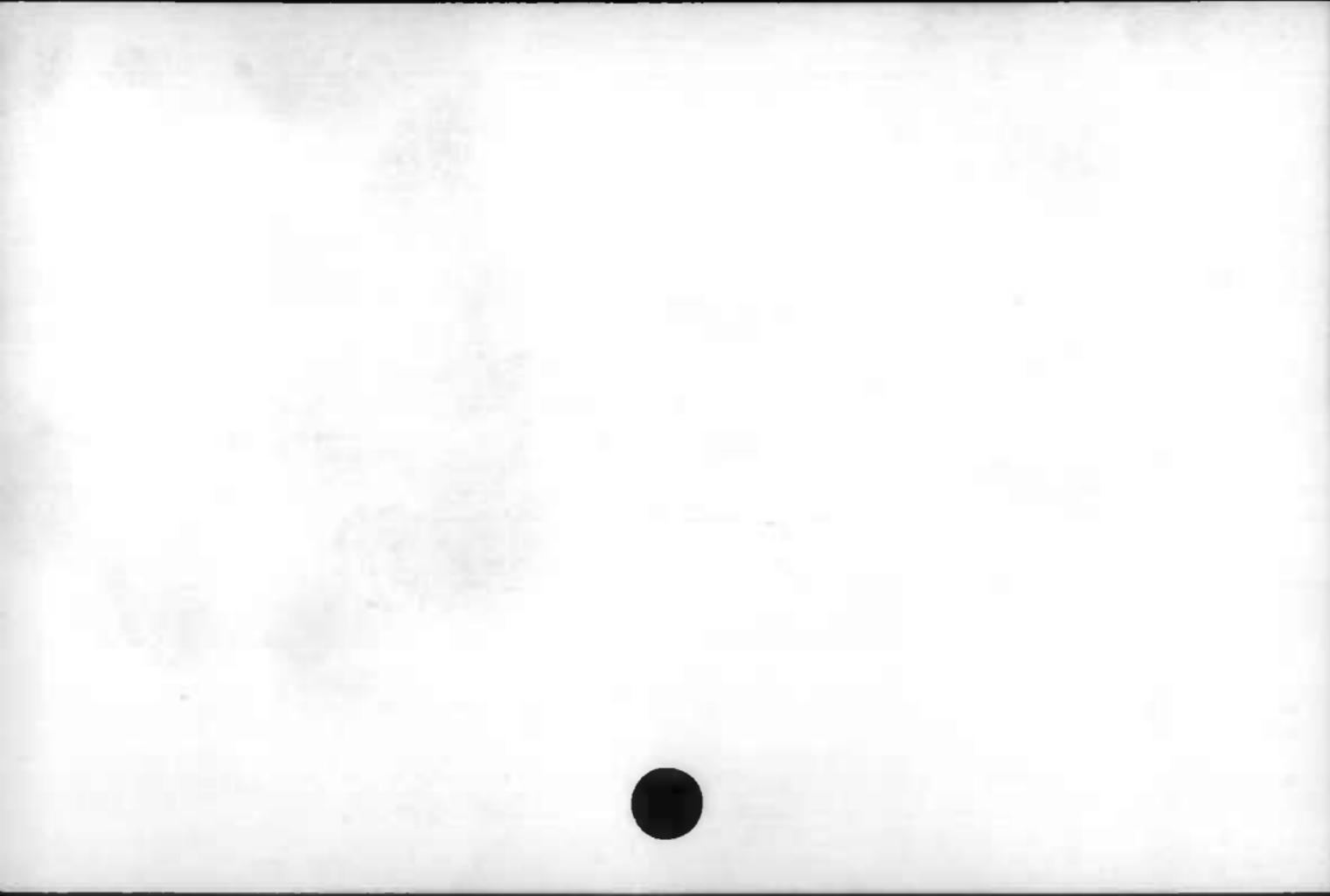
No. Dr. Attending

119 Sumpers St
Local Board of Health

PHYSICIAN
OR CORONER

Accident or Suicide

22



Name
in
Full

Sarah A Haddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad et	Town	County	MARYLAND		
Date of deeth	Month	Day	Years	Months	Days
1909	Apr	3	81	11	27
Sex	Female	Color or Race	White	Dorchester	
Occupation	Unemployed	Where Residing if not at place of death	Chestertown		
Married, Single or Widowed	Widow	Name of Wife or Husband	Mrs Edward Ross	Dorchester	
Fether'a Name	Edward Ross	Fether'a Birthplace		Dorchester	
Mother's Maiden Name	Don't know	Mother's Birthplace		Dorchester	
Name of person giving Information	Wm Haddell	How related to deceased		son.	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Bronchitis

91

How long

12 or 14 years.

Immediate

Bronchitis rage

How long

In noon a year.

Are the name, age, sex, color, date and place correctly given above?

Yes

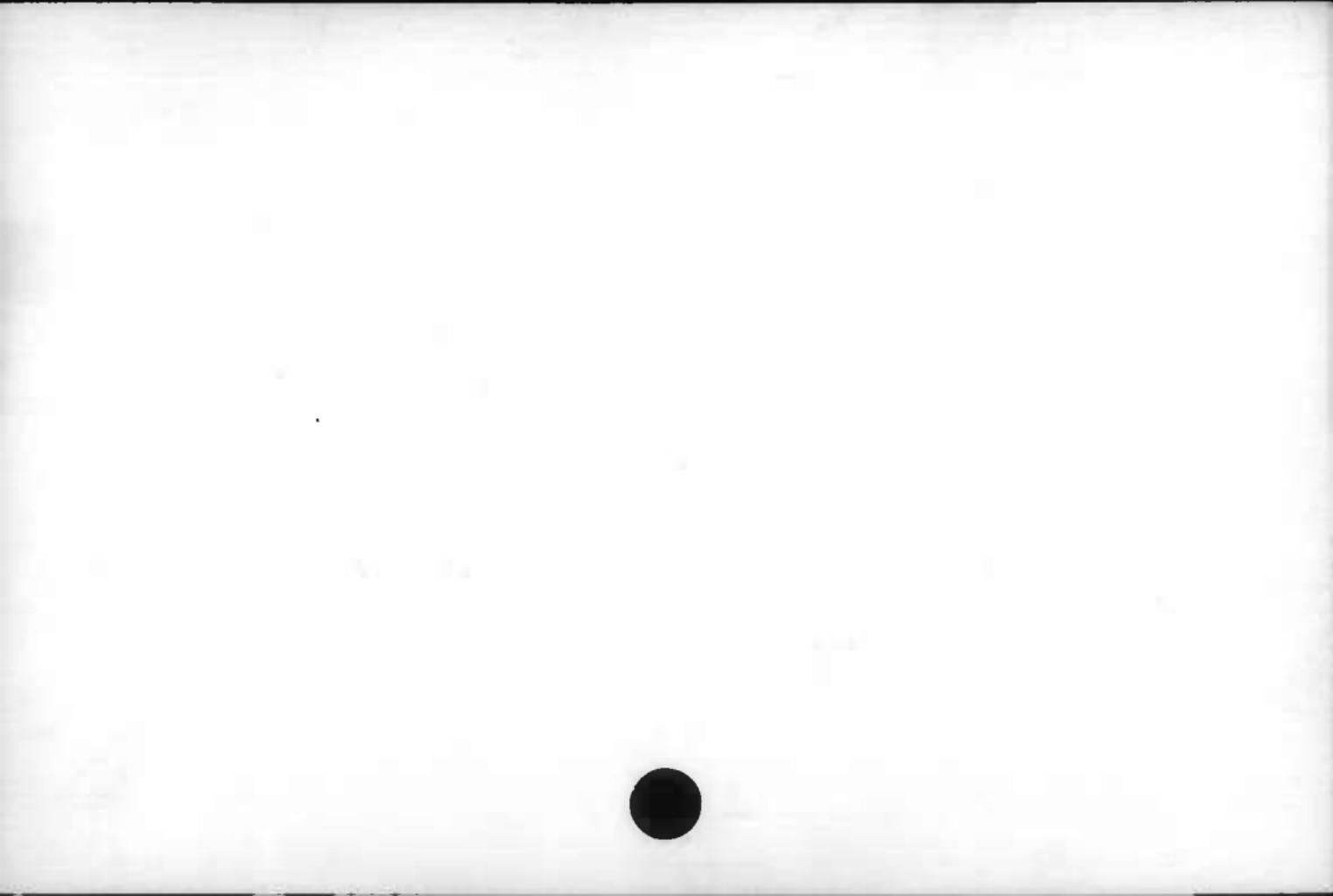
Signature of
Physician

Address

W. Bangs & Son
Chestertown
Md.

Accident or Suicide

No.



Name
in
Full

Mary Rebecca Walters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Galena	County Kent	MARYLAND		
Date of death	Month April	Day 1st	Age 67	Years	Months 8
Sex	Female	Color or Race	White	Birth- place	Days 7
Occupation	Housewife				
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	Nicholas Cawant		Father's Birthplace	Maryland	
Mother's Maiden Name	Henrietta Mc Daniels		Mother's Birthplace	Maryland.	
Name of person giving Information	Edward Walters		How related to deceased	Son	

CAUSES OF DEATH

Primary	Organic Heart & Chronic Nephritis		79
Immediate	Edema of the Lungs.		Indefinite
Are the name, age, sex, color, date and place correctly given above?		Yes	How long
		Signature of Physician	Geo. R. Jones M.D.
		Address	Galena, Md.
Accident or Suicide?			

Glenca

Nov

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Melville Arlington Wilkins

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Rock Hall		Plent				
Date of death	1909	Month April	Day 19	Year 30	Month 8	Days -
Sex	Male	Color or Race	White	Birth-place	Plent Co. Md	
Occupation	Machinist		Where Residing if not at place of death	At place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Emma A. Joiner			
Father's Name	Bartholomew J. Wilkins		Father's Birthplace	Baltimore Md.		
Mother's Maiden Name	Endora C. Bettom		Mother's Birthplace	Baltimore Md.		
Name of person giving Information	Frank Wilkins		How related to deceased	Brother		

CAUSES OF DEATH

Primary

Paralysis

66

7 days

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

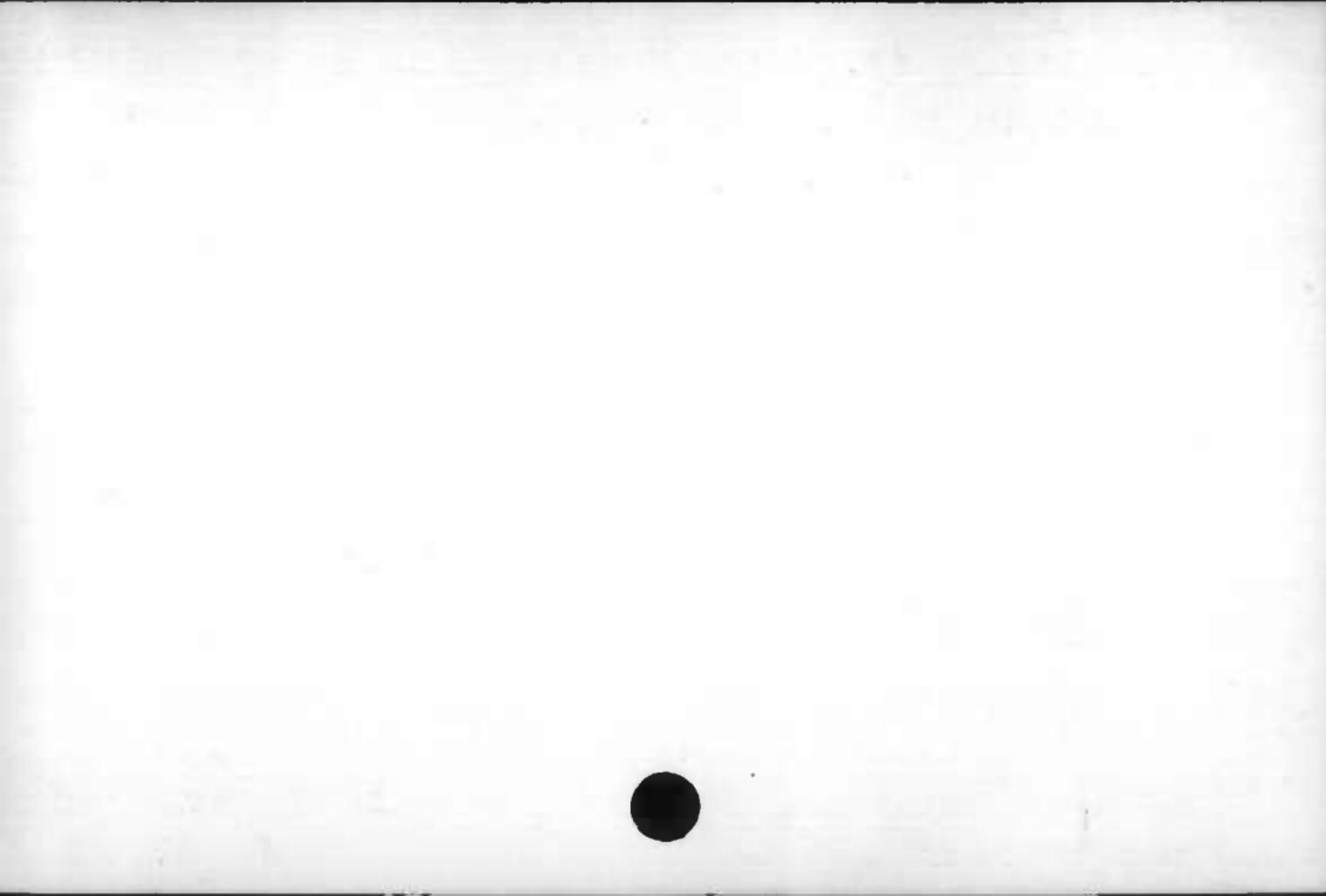
Yes

Signature of Physician

Address

Walter Selby
Rock Hall Md

Accident or Suicide



Name
in
Full

Still Born Wilmer
near Still Pond Kent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

PHYSICIAN
OR CORONER

Died at Town County
Date of death 1909 Month April Day 25 Years Age _____
Sex female Color or Race Black Birthplace md
Occupation Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

David Wilmer

Father's Birthplace

Mother's Maiden Name

Bertie Brooks

Mother's Birthplace

Name of person giving Information

David Wilmer

How related to deceased

md

md

father

CAUSES OF DEATH

Primary

Still Born.

8
How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of
Physician

Address

W.S. Maxwell,
Still Pond, Md.

Accident or Suicide

Still Pond

Name
in
Full

Alfred Womell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	60	60	—	—	
Occupation	Laborer		Where Residing if not at place of death		—		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary				
Father's Name	Richard Womell		Father's Birthplace		Mad		
Mother's Maiden Name	Ellen Womell		Mother's Birthplace		Mad		
Name of person giving Information	Edw Mathews		How related to deceased		None		

CAUSES OF DEATH

120

Primary	Nephritis		How long	several years
Immediate	Cardiac Failure		How long	several hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	HG Sampson	
		Address	Chester town	
Accident or Suicide				

1

W

